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PTO/SB/50 (08-00)
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	099488-000002
	First Named Inventor	Paula S. Fried
	Original Patent Number	5,810,590
	Original Patent Issue Date (Month/Day/Year)	09/22/98
	Express Mail Label No.	

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent
 (Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check applicable box(es))	12. <input type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (PTO/SB/96)	14. Other:

15. CORRESPONDENCE ADDRESS

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